

**REQUEST FOR JUDICIAL APPROVAL OF
COURT FEES IN EXCESS/REIMBURSEMENT
OF OTHER EXPENSES**

JD-JM-146 Rev. 6-03

STATE OF CONNECTICUT

SUPERIOR COURT

JUVENILE MATTERS

www.jud.state.ct.us

INSTRUCTIONS

1. Prior to exceeding the hourly limit or incurring the relevant expense, complete this form and file with the clerk's office.
2. Upon receipt of Judicial approval to proceed with this case, attach a copy of this form to the JD-JM-132 and a copy of other Requests for each case listed.

TO: The Superior Court For Juvenile Matters

IN RE: (Name of child)

DOCKET NO.

ADDRESS OF COURT (Number, street, town and zip code)

DATE

PERMISSION IS SOUGHT TO BILL FOR:

- ANTICIPATED REPRESENTATION THAT EXCEEDS THIRTY (30) HOURS PURSUANT TO THE AGREEMENT TO PROVIDE LEGAL REPRESENTATION IN JUVENILE MATTERS PROCEEDINGS *(complete section below).
- ANTICIPATED REPRESENTATION THAT EXCEEDS TWENTY (20) HOURS PURSUANT TO JUDICIAL BRANCH FEE SCHEDULE FOR PANEL REPRESENTATION *(complete section below).
- OTHER ALLOWABLE EXPENSES:
 Court Ordered Testimony
 Expert Witness Fees
 Service of Subpoena Fees
 Transcript Fee
 Out-of-state travel
 Long Distance telephone charges
 Other

*DESCRIBE THE SPECIAL CIRCUMSTANCES THAT JUSTIFY FEES IN EXCESS ON THIS CASE:

I hereby certify that I have worked _____ excess hours to date on this case. I have made _____ previous requests for excess hours.

- Detailed accounting of hours and case activities is attached.

NAME OF PARTY BEING REPRESENTED & RELATIONSHIP

NAME OF INDIVIDUAL ATTORNEY OR LAW FIRM _____ JURIS NUMBER _____

ADDRESS OF ATTORNEY/FIRM (Number, street, P.O. Box) _____ TELEPHONE _____

CITY/TOWN _____ STATE _____ ZIP CODE _____ FAX _____

E-MAIL

*The representations contained herein are
made under the penalties of false statement:*

SIGNED (Individual attorney)

X

DATE SIGNED

ORDER (For Court Use Only)

REQUEST IS HEREBY GRANTED Number of Hours _____ DENIED

BY THE COURT (Name of Judge) , J.	SIGNED (Judge/Asst Clerk)	PRINT OR TYPE NAME OF PERSON SIGNING	DATE SIGNED
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